

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000035726

1. Entity Name
JOHN CHAPMAN, L.L.C.



Principal Place of Business
8453 COOPER CREEK BLVD
BRADENTON, FL 34201 US

Mailing Address
7924 DRAYTON CIR
BRADENTON, FL 34201 US

07 JUL 25 AM 11:51

STATE
FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-1055346

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIANNINI, FRANCESCO
3047 GOODWATER STREET
SARASOTA, FL 34231

Name JOSEPH J CHAPMAN

Street Address (P.O. Box Number is Not Acceptable)

7924 DRAYTON CIR

City BRADENTON

FL Zip Code 34201

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/20/07 DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME CHAPMAN, JOSEPH J ☐ Delete
STREET ADDRESS 7924 DRAYTON CIR
CITY-ST-ZIP BRADENTON, FL 34201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600106806886
CITY-ST-ZIP 07/27/07--01015--012 ***50.00

TITLE MGRM
NAME CHAPMAN, MARIA G ☐ Delete
STREET ADDRESS 7924 DRAYTON CIR
CITY-ST-ZIP BRADENTON, FL 34201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP BLT

TITLE MGRM
NAME GIANNINI, FRANCESCO ☒ Delete
STREET ADDRESS 3047 GOODWATER STREET
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the holder of a power of attorney empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07/20/07 9414005132

Date

Daytime Phone #